STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NOV 16 2017

1. Name of Lobbyist(s) Heather CARRUll	NOV 10 2011
II. Name of lobbyist's partnership, firm or corporation, if any:	NEW HAMPSHIRE DEPARTMENT OF STATE
(Name of partnership, firm or corporation)	
Business Address: (Street) Rown/City) (State)	03110 (Zip Code)
(603) 606 - 6590 (603) 606 6803 e-mail 600 (Fax)	rvolle alzong
III. This statement covers: (Choose one – file separate reports for each client, OR you reportable expense transactions which are not attributable to any one client).	may file a separate report for
☐ All reportable transactions occurring in the months prior to the reporting date relative to	the following client:
(Full Name of Client as it appears on the Lobbyist Registration Form) OR	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobby unrelated to any particular client.	ring firm listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration to 3/31/17 April 26, 2017 Graph 1/1/17 to 6/30	/17
October 25, 2017 January 31, 2018 activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12	J
V. There have been no fees received and no reportable transactions made sinc If this box is checked, complete just this form and submit it to the Secretary of State's Office Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and	l Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Expense Reimbursement	Report of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the and complete to the best of my knowledge and belief.	ne foregoing information is true
(Signature of lobbyist) (Print Name of lobbyist) (In the content of lobbyist)	Date)

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist's partnership, firm or corporation, if any:		
III. Name of Client the Alzheimen's Association	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services	
a) Total of all fees received in this reporting period	a)\$16,500 00	
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ <u>O</u> ar)	
c) Total of all fees received to date (Add lines a and b)	c)\$ 16,500.	
d) Indicate the amount of any such fees that are due, but have not yet been paid	o)\$ 16,500.	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; (b) that is given to the person d with a value of \$25.00 or less); and tring period of greater than \$25.00 for le of greater than \$25, purchase of the of the state	
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>O</u> . OO	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0 00</u>	
c) Total of all itemized expenditures reported in detail in section VI.	0)\$ 0.00	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ <u>O.OO</u>
f) Total of all expenses year to date	ns_0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
Heatlen M Caroll	
(Signature of lobbyist)	(Date)
Heather Carroll	
(Print Name of lobbyist)	